

1998 Annual Report

on the

Utah Children's Health Insurance Program

A. Baseline Estimates of Uninsured Children (62,569 as of July 1, 1998)

On July 1, 1998, the Governor's Office of Planning and Budget estimates there were 736,109 children 18 years and younger in Utah. The Department of Health produces the Utah Health Status Survey every 5 years. The latest survey was done in 1996. Based on information generated from this 1996 report, it is estimated that in Utah 8.5% of children 18 years and younger were uninsured. Using these two figures, it is estimated that there were a total of 62,569 uninsured children 18 years and younger in Utah just before the operational beginning of Utah's CHIP on August 3, 1998.

B. Reduction in Uninsured Children

As of February 2, 1999 (six months from the inception of Utah's CHIP), Utah has enrolled 5,107 children who did not have other health coverage available to them.

C. Monitoring Issues

Although it is too early to adequately assess outcomes of our performance goals, listed here are a few issues we will monitor.

Crowd-Out

Preventing crowd-out has been a high priority in Utah. We have implemented a 3-month waiting period in which enrollees must be uninsured before they are enrolled in CHIP. We plan to gather data through a survey from the parents of our enrolled population during this year to assess the degree crowd-out exists in Utah's CHIP.

Outreach

Utah's outreach approach started with community orientation presentations throughout the state. Many community leaders and interested parties attended these meetings before CHIP began operations. Personal meetings have continued with school principals, administrators, councilors, nurses, parent-teacher association, health care professionals, hospital staff, low-income advocates, disabled advocates, government agencies, ethnic representatives, and many more to educate and inform them of the benefits of CHIP and how to enroll in the program.

Statewide television ads have been airing since February 1, 1999. Radio ads have also been running since the same time. Spanish radio stations will also be running the same ads in Spanish.

Outreach materials (flyers, brochures, posters, business cards, emery boards, and window decals) continue to be distributed to hospitals, physician offices, advocate groups, schools, and eligibility staff to get information to the public about CHIP and how to apply.

Utah's CHIP provides a toll-free hotline where interested persons can call and speak to an operator about the program's eligibility requirements and receive application information. This hotline can translate for callers in virtually any language needed.

D. Barriers to Implementation of State Plan

Delays from HCFA

Utah's implementation of CHIP would be made more efficient and effective if questions posed to the Health Care Finance Administration (HCFA) would be responded to in a more timely manner. The vast majority of questions we have asked cannot be definitively answered by the regional office. When the regional office forwards questions to the central office, lengthy delays consistently follow.

Communication from HCFA

The Health Care Finance Administration (HCFA) does not send communication to Utah's CHIP Administrator. All written communication from HCFA is sent to Utah's Medicaid Director and then must be re-routed to the CHIP office. Some communication is simply lost in this transition. It would be well for HCFA to remember that not all states have chosen to expand Medicaid to serve CHIP enrollees. To acknowledge this, HCFA should send CHIP-related correspondence directly to CHIP Administrators, not just to Medicaid Directors, where the state is not expanding Medicaid.